

## HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/ THIS SPACE FOR OFFICE USE ONLY

HONGLULU ETHICS COMMISSION RECEIVED

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## **2019 REGISTRATION**

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST					
NAME (Last) (First) (Middle)					
MacPherson, Christy, Kikue					
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE			
Faith Action for Community Equity		808-554-3833			
MAILING ADDRESS (No. and Street or P.O Box)		FAX			
PO Box 235950		EMAIL director@faithactionhawaii.org			
(City) Honolulu	(State)	(Zip Code) 96823			
PART II.A ORGANIZATION					
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE			
Faith Action for Community Equity		808-554-3833			
MAILING ADDRESS (No. and Street or P.O. Box)		FAX			
PO Box 235950		EMAIL director@faithactionhawaii.org			
(City) Honolulu	(State) HI	(Zip Code) 96823			
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)				
50,000		☐ Not Applicable			
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS				
One-on-ones w/ members and then prioritize issues and establish task forces					
PART II.B NO LONGER LOBBYING					
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE					

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY						
☐Business & Economic Development	□Community Services	□Customer Services				
	⊈Housing	☑Public Works, Infrastructure & Sustainability				
□Parks & Recreation	☑Public Health, Safety & Welfa	are				
⊠Transportation	⊒Zoning & Planning	□Specific Legislation: □Additional Sheet(s) Attached  Bill No(Year) Reso No Admin. Rule No Dept				
□Other (indicate below):						
PART IV LOBBYIST CERTIFICATION						
I hereby certify that the foregoing statements are true and correct.  Subscribed and sworn to before me  This 21th day of March  By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OF  Notary Public  My commission expires:  9/9/24  Mittury certification  PART V AUTHORIZATION TO LOBBY						
NAME		HORIZING OFFICER OR PERSON				
Evelyn Hao	REPRESENTED					
		President TELEPHONE				
Faith Action for Community Equity		808-223-6399				
MAILING ADDRESS (No. and Street or P.O Box)  FA		FAX				
PO Box 235950 EM		EMAIL evyhao@gmail.com				
(City) Honolulu	(State) HI	(Zip Code) 96823				
I hereby exthorize the above-named person to engage in lobbying activities on behalf of the undersigned.						

NOTE: This is a public document.

Doc. Date 3/27/19 # P.	···· 2	
Motary Name: Donna Mendes		
Duc. Description 2019 Rigist	ation	
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John Sylvature	3/27/14	
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